

University of Washington
Washington Young Adult Health Survey
All Purpose

The following questions concern your thoughts about and use of alcohol, tobacco, cannabis/marijuana and other substances. When we say “cannabis,” we mean any form of the drug, including marijuana (weed, pot), hashish, or kief, and any method of use, including dried buds/flowers/leaves for smoking or in edibles, or hash oil.

- 1) How **easy or difficult** do you think it would be for someone your age in your community to **obtain** the following substances from ANY source?
- a) Alcohol
☐ Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☐ Probably impossible
- b) Cannabis (e.g., marijuana, hashish, kief)
☐ Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☐ Probably impossible
- c) Heroin
☐ Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☐ Probably impossible
- d) Pain relievers to get high
☐ Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☐ Probably impossible

For all questions on number of drinks, 1 drink equals:

- 12 oz. of beer (8 oz. of Canadian, malt liquor, or ice beers or 10 oz. of microbrew)
- 10 oz. of wine cooler
- 4 oz. of wine
- 1 oz. of 100-proof liquor or 1 1/4 oz. of 80-proof liquor

- 2) How much do you think PEOPLE RISK harming themselves **physically**, if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know
Have one or two drinks nearly every day ?					
Have 5 or more drinks once or twice each weekend ?					
Smoke one or more packs of tobacco cigarettes per day ?					
Use e-cigarettes to vaporize/vape nicotine regularly ?					
Use marijuana or cannabis occasionally ?					
Use marijuana or cannabis regularly ?					

- 3) How much do you think PEOPLE RISK harming themselves **psychologically—emotionally** (e.g., mood, sense of well-being) **or cognitively** (e.g., memory, attention)--if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know
Have one or two drinks nearly every day ?					
Have 5 or more drinks once or twice each weekend ?					
Use marijuana or cannabis occasionally ?					
Use marijuana or cannabis regularly ?					

- 4) How acceptable or unacceptable is it for someone your age in your community to **use cannabis or marijuana in any form** (e.g., marijuana, hashish)...?
- a. Just once or twice
☐ Totally acceptable ☐ Somewhat acceptable ☐ Somewhat unacceptable ☐ Totally unacceptable
- b. Regularly (nearly every day)
☐ Totally acceptable ☐ Somewhat acceptable ☐ Somewhat unacceptable ☐ Totally unacceptable

For these questions, please give your best estimate.

5) How often did YOU USE the following substances (in any form) during the past 12 months ? Just give your best estimate for each substance.	Never	Once a Year	2 to 3 times a year	Every other month	Once a month	2 to 3 times a month	Once per week	More than once a week	Every other day	Every day
Alcohol										
E-cigarettes/nicotine vaping										
Cigarettes										
Cannabis/marijuana for medical purposes										
Cannabis/marijuana for recreational purposes										
"Synthetic marijuana" (e.g., K2, Spice)										
Heroin										
Pain relievers to get high										
Methamphetamines										

6) How often were you "**Juuling**" during the **past 12 months**? (Please give your best estimate)

- ☐ Never
 ☐ Once a year
 ☐ 2 to 3 times a year
 ☐ Every other month
 ☐ Once a month
 ☐ 2 to 3 times a month
 ☐ Once per week
 ☐ More than once per week
 ☐ Every other day
 ☐ Every day

7) During the **past 30 days**, which of the following have you used for non-medical reasons? (Select all that apply)

- ☐ I did not take any of these for non-medical reasons
☐ I used a stimulant, like Adderall or Ritalin
☐ I used a painkiller, like Vicodin, OxyContin, or Percocet
☐ I used a tranquilizer, like Valium or Xanax
☐ I used another kind of prescription drug
☐ I used an over-the-counter drug, like cough syrup or cold medicine

8) How often do you think the TYPICAL PERSON YOUR AGE living in Washington State used the following substances (in any form) during the past 12 months ? Just give your best estimate for each substance.	Never	Once a Year	2 to 3 times a year	Every other month	Once a month	2 to 3 times a month	Once per week	More than once a week	Every other day	Every day
Alcohol										
E-cigarettes/nicotine vaping										
Cigarettes										
Cannabis/marijuana for medical purposes										
Cannabis/marijuana for recreational purposes										

- 9) How old were you the **first time** you used the following substances?
- | | | |
|-------------------------------------|-----------------|---|
| Alcohol (more than a sip) | _____ years old | <input type="checkbox"/> I have never used this substance |
| Cigarettes | _____ years old | <input type="checkbox"/> I have never used this substance |
| Cannabis (e.g., marijuana, hashish) | _____ years old | <input type="checkbox"/> I have never used this substance |

- 10) How long has it been since you **last used** ...

Alcohol (more than a sip)

- | | |
|--|---|
| <input type="checkbox"/> Within the past 30 days | <input type="checkbox"/> More than 30 days ago, but within the past 12 months |
| <input type="checkbox"/> More than 12 months ago | <input type="checkbox"/> <i>I have never used this substance (If deny on both items, skip all related use, consequence questions)</i> |

E-cigarettes/nicotine vaping

- | | |
|--|---|
| <input type="checkbox"/> Within the past 30 days | <input type="checkbox"/> More than 30 days ago, but within the past 12 months |
| <input type="checkbox"/> More than 12 months ago | <input type="checkbox"/> <i>I have never used this substance (If deny on both items, skip all related use, consequence questions)</i> |

Tobacco (cigarettes, chew)

- | | |
|--|---|
| <input type="checkbox"/> Within the past 30 days | <input type="checkbox"/> More than 30 days ago, but within the past 12 months |
| <input type="checkbox"/> More than 12 months ago | <input type="checkbox"/> <i>I have never used this substance (If deny on both items, skip all related use, consequence questions)</i> |

Cannabis (e.g., marijuana, hashish, edibles)

- | | |
|--|---|
| <input type="checkbox"/> Within the past 30 days | <input type="checkbox"/> More than 30 days ago, but within the past 12 months |
| <input type="checkbox"/> More than 12 months ago | <input type="checkbox"/> <i>I have never used this substance (If deny on both items, skip all related use, consequence questions)</i> |

(IF USED CANNABIS “POSITIVE” IN AGE OR RECENCY QUESTION (yes to first use, along with yes to last 12 months or last 30 days, both colored green above), ask all CANNABIS QUESTIONS between 11 and 32. IF “NEGATIVE”, SKIP TO QUESTION 34)

- 11) When you **use cannabis** (e.g., marijuana, hashish, edibles), **how high** do you usually get?

- ☐ Not at all high ☐ A little high ☐ Moderately high ☐ Very high

- 12) Think about a typical day when you **use cannabis** (e.g., marijuana, hashish, edibles). **How long** do you usually stay high?

- | | | | | |
|---|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> I usually don't get high | <input type="checkbox"/> less than 1 hour | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 3-4 hours | <input type="checkbox"/> 5-6 hours |
| <input type="checkbox"/> 7-8 hours | <input type="checkbox"/> 9-10 hours | <input type="checkbox"/> 11-12 hours | <input type="checkbox"/> 13-18 hours | <input type="checkbox"/> 19-24 hours |

- 13) How has your **frequency** of cannabis/marijuana use **changed** over the **last year**?

- ☐ declined sharply ☐ down a little ☐ about the same ☐ up a little ☐ up sharply

(ONLY ASK THE NEXT QUESTION IF “POSITIVE” FOR ALCOHOL ABOVE)

- 14) How has your **cannabis/marijuana use** affected the amount of **alcohol you use**?

- ☐ led to less alcohol use ☐ led to more alcohol use ☐ no effect ☐ don't know

- 15) During the **past 30 days**, on how many days did you use cannabis/marijuana? ____ Days (IF NO USE, SKIP ALL OF THE 30-DAY QUESTIONS)

- 16) During the **past 30 days**, how did you get cannabis/marijuana? (*Select all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> I bought it from a retail store (using a fake ID) | <input type="checkbox"/> I stole it from a store or dispensary |
| <input type="checkbox"/> I bought it from a retail store (NOT using a fake ID) | <input type="checkbox"/> I got it from my parents with their permission |
| <input type="checkbox"/> I got it from a medical dispensary/service | <input type="checkbox"/> I took it from my parents without their permission |
| <input type="checkbox"/> I gave money to someone to get it for me | <input type="checkbox"/> I got it from my sister/brother/other family member |

- ☐ I got it from friends
- ☐ I got it at a party
- ☐ I got it from someone with a medical marijuana card

- ☐ I grew it myself
- ☐ I got it some other way (please explain)

17) During the **past 30 days**, if you used cannabis/marijuana, how did you use it? (*Select all that apply*)

- ☐ Smoked it (in a joint, bong, pipe, blunt)
- ☐ Ate it (in brownies, cakes, cookies, candy)
- ☐ Drank it (tea, cola, alcohol)
- ☐ Vaporized it with an electronic device like a vape pen or e-cig
- ☐ Used it by dabbing
- ☐ Used it some other way. (Please describe): _____

18) Which of the following was your usual **preferred method** of cannabis/marijuana use?

- ☐ Smoked it (in a joint, bong, pipe, blunt)
- ☐ Ate it (in brownies, cakes, cookies, candy)
- ☐ Drank it (tea, cola, alcohol)
- ☐ Vaporized it with an electronic device like a vape pen or e-cig
- ☐ Used it by dabbing
- ☐ Used it some other way. (Please describe): _____



19) The LEFT side of the picture above shows 1 gram of ground-up/broken-up/crumbled marijuana, and the RIGHT side of the picture shows 1 gram of intact bud(s). Thinking about the **past 30 days**, on those days that you used marijuana, how much did you use on **an average day**?

- | | |
|---|--|
| <input type="checkbox"/> Less than half of this amount (<0.5 grams) | <input type="checkbox"/> About half this amount (0.5 grams) |
| <input type="checkbox"/> About this amount (1 gram) | <input type="checkbox"/> About twice this amount (2 grams) |
| <input type="checkbox"/> About three times this amount (3 grams) | <input type="checkbox"/> About four times this amount (4 grams) |
| <input type="checkbox"/> About five times this amount (5 grams) | <input type="checkbox"/> More than five times this amount (>5 grams) |

20) During the **past 30 days**, did you have any problems with your **emotions, nerves or mental health** that were probably caused or made worse by your **use of cannabis/marijuana**?

- ☐ Yes ☐ No ☐ Not sure

If yes, please describe: _____

21) During the **past 30 days**, did you have any problems with your **physical health** that were probably caused or made worse by your **use of cannabis/marijuana**?

☐ Yes ☐ No ☐ Not sure

If yes, please describe: _____

- 22) How many times did these things happen to you while you were **using cannabis/marijuana** (or because of your cannabis/marijuana use) during the **past 30 days**?
- a) Had the munchies
☐ 0 times ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times
- b) Had trouble sleeping
☐ 0 times ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times
- c) Had low motivation
☐ 0 times ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times
- d) Had trouble concentrating or paying attention
☐ 0 times ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times
- e) Had trouble remembering things
☐ 0 times ☐ 1-2 times ☐ 3-5 times ☐ 6-10 times ☐ more than 10 times
- 23) During the **past 30 days**, how many times did **you** drive a car or other vehicle after **using cannabis** (e.g., marijuana, hashish, edibles) *while still feeling "high"*?
☐ 0 times ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times
- 24) During the **past 30 days**, how many times did **you** drive a car or other vehicle *within three hours* after **using cannabis** (e.g., marijuana, hashish, edibles)?
☐ 0 times ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times
- 25) During the **past 12 months**, was there a month or more when you spent a lot of your time getting, using, or getting over the effects of cannabis (e.g., marijuana, hashish, edibles)? ☐ Yes ☐ No
- 26) During the **past 12 months**, did you try to set limits on how often or how much cannabis (e.g., marijuana, hashish, edibles) you would use? ☐ Yes ☐ No
- 27) [If Q26=1] During the **past 12 months**, were you able to keep to the limits you set, or did you often use cannabis (e.g., marijuana, hashish, edibles) **more than you intended to**? ☐ Usually kept to the limits set ☐ Often used more than intended
- 28) During the **past 12 months**, did you notice that using the same amount of cannabis (e.g., marijuana, hashish, edibles) had less effect on you than it used to? ☐ Yes ☐ No
- 29) During the **past 12 months**, did you want to or try to cut down or stop using cannabis (e.g., marijuana, hashish, edibles)?
☐ Yes ☐ No
- 30) [If Q29 = 1] During the **past 12 months**, were you able to cut down or stop using cannabis (e.g., marijuana, hashish, edibles) every time you wanted to or tried to? ☐ Yes ☐ No
- 31) During the **past 12 months**, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of cannabis (e.g., marijuana, hashish, edibles)? ☐ Yes ☐ No
- 32) During the **past 12 months**, did you have any physical health problems that were probably caused or made worse by your use of cannabis (e.g., marijuana, hashish, edibles)? ☐ Yes ☐ No
- 33) [If Q31 = 1 or Q32=1] During the **past 12 months**, did you continue to use cannabis (e.g., marijuana, hashish, edibles) even though you thought it was causing you to have problems with physical health, emotions, nerves, or mental health?

☐ Yes ☐ No

**** SKIP PATTERN FOR CANNABIS OVER...#34 IS ASKED OF EVERYONE ****

34) Related to **cannabis use**, which of the following would you be **most likely to do in the next 12 months**?

- ☐ Not use it
- ☐ Try it
- ☐ Use it about as often as I do now
- ☐ Use it more often than I do now
- ☐ Use it less often than I do now
- ☐ Don't know

35) During the **past 30 days**, have you **injected any drug** (*including medications not intended to be injected*)?

☐ Yes ☐ No

(IF USED ALCOHOL "POSITIVE" IN AGE OR RECENCY QUESTION (yes to first use, along with yes to last 12 months or last 30 days, both colored blue above), ask all ALCOHOL QUESTIONS between 36 and 45. IF "NEGATIVE", SKIP TO QUESTION 46)

36) During the **past 30 days**, on how many days did you **use alcohol**? ____ days

IF DID NOT USE IN THE PAST 30 DAYS, SKIP ALL OF THESE.

For all questions on number of drinks, 1 drink equals:

- **12 oz. of beer** (8 oz. of Canadian, malt liquor, or ice beers or 10 oz. of microbrew)
- **10 oz. of wine cooler**
- **4 oz. of wine**
- **1 oz. of 100-proof liquor or 1 1/4 oz. of 80-proof liquor**

FOR EXAMPLE:

- If on a typical Thursday you drink 3, 12oz. regular beers, you would type in 3 drinks.

- If on a typical Friday you drink 1 mixed drink that contains 3, 1 oz. shots of 100-proof liquor, you would type in 3 drinks. (i.e., count the number of shots of liquor in your drink, not the number of glasses or containers of beverage you drank)

37) Think of the **occasion you drank the most** during the **past 30 days**. How many **drinks** did you have? ____ drinks

38) On the **occasion you drank the most** during the **past 30 days**, how many **HOURS** did you spend drinking on that occasion? ____ hours

39) Think of a **typical drinking occasion** during the **past 30 days**. How many **drinks** did you have? ____ drinks

40) On a given **typical drinking occasion** during the **past 30 days**, how many **HOURS** did you spend drinking? ____ hours

41) During the **past 30 days**, what type of alcohol did you **usually** drink?

- ☐ I did not have a usual type
- ☐ Beer
- ☐ Flavored malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade
- ☐ Wine coolers, such as Bartles & Jaymes or Seagrams
- ☐ Wine

- ☐ Liquor, such as vodka, rum, scotch, bourbon, or whiskey
- ☐ Some other type (please specify) _____

42) During the **past 30 days**, did you have any problems with your **emotions, nerves or mental health** that were probably caused or made worse by your **use of alcohol**?

- ☐ Yes ☐ No ☐ Not sure

If yes, please describe: _____

43) During the **past 30 days**, did you have any problems with your **physical health** that were probably caused or made worse by your **use of alcohol**?

- ☐ Yes ☐ No ☐ Not sure

If yes, please describe: _____

44) During the **past 30 days**, how many times did you **drive a car** or other vehicle **after consuming alcohol**?

- ☐ 0 times ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

(ONLY ASK IF PARTICIPANT IS <21 YEARS OLD)

45) During the **past 30 days**, how did you get the **alcohol** you drank? *(Select all that apply)*

- ☐ I bought it from a store (using a fake ID).
- ☐ I bought it from a store (NOT using a fake ID)
- ☐ I got it at a party
- ☐ I gave money to someone to get it for me
- ☐ I got it from my parents with their permission
- ☐ I took it from my parents without their permission
- ☐ I got it from friends
- ☐ I stole it from a store
- ☐ I got it from my sister/brother/other family member
- ☐ I got it some other way (please explain) _____

(IF USED TOBACCO "POSITIVE" IN AGE OR RECENCY QUESTION (yes to first use, along with yes to last 12 months or last 30 days, both colored dark pink above), ask all TOBACCO QUESTIONS between 46 and 48. IF "NEGATIVE", SKIP TO 49)

46) During the **past 30 days**, on how many days did you **smoke cigarettes**? ____ days

47) On a **typical day** when you smoked, **how many cigarettes** did you smoke? ____ cigarettes

48) During the **past 30 days**, on how many days did you use an **electronic cigarette** or e-cig to **vaporize/vape nicotine**? ____ days

49) Did you use a doctor or other health care provider for any reason in the **past year**? ☐ Yes ☐ No

Do you live in Washington State?

- ☐ Yes
- ☐ No

**If "No" to above:*

Do you spend a significant amount of time in Washington State (i.e., 30 days or more per year)?

- ☐ Yes
- ☐ No

Age: _____

Date of birth: _____

Height: ____ ft. ____ in.

Weight: _____ lbs.

What was your biological sex at birth?

- ☐ Male
- ☐ Female

What is your current gender identity?

- ☐ Woman
- ☐ Man
- ☐ Transwoman
- ☐ Transman
- ☐ Genderqueer/gender non-conforming
- ☐ A gender not listed here _____
- ☐ No answer

What is your sexual orientation?

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Straight/Heterosexual
- ☐ Questioning

Are you Hispanic or Latino/a

- ☐ Yes
- ☐ No

Racial Background:

- ☐ Asian/Asian American
- ☐ Black/African American
- ☐ Caucasian/White
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ More than one race (please specify): _____
- ☐ Other (please specify): _____

Are you currently a student?

- ☐ Yes*
- ☐ No

*What type of school are you currently attending?

- ☐ High school
- ☐ Community College
- ☐ Vocational or Tech School
- ☐ 4-year College or University as an undergraduate
- ☐ 4-year University as a graduate student
- ☐ Professional School (law, medicine, etc.)

What is the highest level of education reached by anyone who has raised you? (Select the educational level of the person who went the furthest in school)

- ☐ Did not finish high school
- ☐ High school degree or GED
- ☐ Some college, no degree
- ☐ 2-year college or technical school degree
- ☐ 4-year college degree
- ☐ Graduate degree

What is the source of your income? (Select all that apply):

- ☐ Full-time Employment (40+ hours/week)
- ☐ Part-time Employment (<40 hours/week)
- ☐ Odd jobs (non-steady employment)
- ☐ Financial Aid
- ☐ Parental Support
- ☐ Other means (please specify): _____

Where do you currently live?

- ☐ Apartment/Condo
- ☐ House/Townhome
- ☐ Residence Halls/Dorm Room
- ☐ Fraternity or Sorority House
- ☐ Shelter
- ☐ Group home
- ☐ Homeless
- ☐ Other (please specify): _____

Who else lives in your household? (Select all that apply)

- ☐ The parent(s) who raised me
- ☐ One or more siblings
- ☐ Other family members (e.g., grandparents)
- ☐ Spouse/partner
- ☐ Children
- ☐ Roommate(s)
- ☐ Other (please specify)
- ☐ None of the above, I live alone
- ☐ None of the above, my housing is unstable

Where did you hear about our study?

- ☐ I received a letter in the mail
- ☐ Craigslist
- ☐ Amazon Mechanical Turk*
- ☐ Facebook
- ☐ From a friend or family member
- ☐ Other (please specify):

*If Cohort 1

In the past 30 days, how many times have you used alcohol and cannabis (e.g. marijuana, hashish, edibles) at the same time so that the effects overlapped (i.e. cross fading)?

- ☐ 0 times
- ☐ 1 times
- ☐ 2-3 times
- ☐ 4-5 times
- ☐ 6 or more times

In the past 30 days, how many times have you driven a car or other vehicle *within three hours* of using alcohol and cannabis (e.g. marijuana, hashish, edibles) at the same time so that the effects overlapped (i.e. cross fading)?

- ☐ 0 times
- ☐ 1 times
- ☐ 2-3 times
- ☐ 4-5 times
- ☐ 6 or more times

**Show if: How often did YOU USE the following substances (in any form) during the past 12 months?
Cannabis/Marijuana for medical purposes OR
Cannabis/Marijuana for recreational purposes > Never*

Do you have a card that allows you to possess medical marijuana?

- ☐ No
- ☐ Yes